UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA DURHAM DIVISION

In Re:

Mary Downing Case No. 09-81667 Chapter 13

Social Security No. xxx-xx-9740 Address:1203 Moreland Avenue, Durham, NC 27707-

Debtor

SECOND AMENDED MOTION TO MODIFY PLAN

NOW COMES the Debtor, by and through counsel undersigned, who moves, under authority of 11 U.S.C. § 1329, to modify the Chapter 13 plan in this case, and in support hereof, the Debtor shows unto this Court the following:

- 1. This case was filed on July 15, 2009, with the Chapter 13 plan being subsequently confirmed on October 8, 2009.
- 2. The Debtor proposes to modify the Chapter 13 plan in this case in the following respects:

From: \$1,312.00 per month.

To: \$1,312.00 per month through July 2011, followed thereafter by \$1,128.00

per month, starting in November 2011.

3. To facilitate the proposed modification, the Debtor hereby surrenders any interest she may have in collateral securing the following claims:

| Creditor and Claim No. | Collateral |
|--|------------|
| National Capital Management/Santander (claim no.3) | Vehicle |

- 4. At the time of the filing of the Debtor's Chapter 13 bankruptcy, the Vehicle had a fair market value of \$5,940.00, requiring adequate protection payments in the amount of \$59.40, or a total of \$1,425.60
- 5. At the time of the filing of the Debtor's Motion to Modify, NationalCapital Management/Santander had received a total of \$1993.17, exceeding the depreciation, pursuant to local rule and the Confirmation Order, on the Vehicle.

- 6. The changed circumstances that justify the proposed modification are as follows:
 - a. The 2005 Toyota Corolla, which is subject to the lien of NCM/Santander, was involved in a motor vehicle accident, and declared a total loss.
 - b. The Debtor has needed to replace her hot water heater.
- 7. An Amended Schedule I for the Debtor is attached hereto and is incorporated hereto by reference.
- 8. An Amended Schedule J for the Debtor is attached hereto and is incorporated by reference.
- 9. Upon information and belief, the insurance proceeds remain in the possession of Nationwide auto insurance.
- 10. The proposed modification conforms to the standards of confirmation set out in 11 U.S.C. §§ 1322 and 1325. This modification is feasible because of the following changes, as detailed on the attached Chapter 13 Worksheet:
 - a. Surrender of property.
 - b. Change in length of plan.
 - c. Change in equal monthly payment to Citifinancial from \$72.43 to \$75.00.
 - d. Change in the on-going mortgage payment to Beneficial to \$901.26.

Appended Application for an Additional Attorney Fee

- 11. Counsel for the Debtor further applies herein, in accordance with Bankruptcy Rule 2016(b), for approval an attorney fee in the amount of \$250.00 to pay for the reasonable value of the services rendered, and to be rendered, with respect to this motion to modify.
- 12. Counsel for the Debtors further applies herein, in accordance with Bankruptcy Rule 2016(a), for approval reimbursement for the cost of mailing this Motion to all parties in interest in the amount of \$0.50 per motion for thirty-seven (37) creditors, or total expenses of \$18.50.

WHEREFORE, the Debtor prays that this Court grant her Motion, and modify the Chapter 13 plan accordingly. In addition, counsel undersigned requests that this Court approve a fee in the amount of \$268.50 to compensate undersigned for the services rendered or to be rendered with respect to this motion, said fee to be paid by the Chapter 13 Trustee as an administrative claim in this case.

Dated: September 30, 2011

LAW OFFICES OF JOHN T. ORCUTT, P.C.

/s Koury L. Hicks Koury L. Hicks North Carolina State Bar No.: 36204 6616-203 Six Forks Road Raleigh, N.C. 27615 (919) 847-9750

UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA DURHAM DIVISION

In Re:

Mary Downing

Case No. 09-81667 Chapter 13

Social Security No. xxx-xx-9740 Address:1203 Moreland Avenue, Durham, NC 27707-

Debtor

CERTIFICATE OF SERVICE

I, Dawn DeFrange, certify under penalty of perjury that I am, and at all times hereinafter mentioned was, more than eighteen (18) years of age and that on September 30, 2011, I served copies of the foregoing **SECOND AMENDED MOTION TO MODIFY PLAN** electronically, or when unavailable, by regular first-class U.S. mail, addressed to the following parties:

Richard M. Hutson, II Chapter 13 Trustee Michael West U.S. Bankruptcy Administrator

Mary Downing 1203 Moreland Avenue, Durham, NC 27707-

James W. Sprouse, Jr., Esq. Attorney for NCM Sprouse & Kurtz, PLLC 3109 Poplarwood Court, Suite 115 Raleigh, NC 27604

All creditors with duly filed claims as listed on the Trustee's website

/s Dawn DeFrange
Dawn DeFrange

| In re | Mary W. Downing | | Case No. | 09-81167 | |
|-------|-----------------|-----------|----------|----------|--|
| | | Debtor(s) | | | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status: | DEPENDENTS | OF DEBTOR AND SI | POUSE | | |
|------------------------------------|--|------------------|----------|----------------|------------|
| Divorced | RELATIONSHIP(S): None. | AGE(S): | | | |
| Employment: | DEBTOR | | SPOUSE | | |
| Occupation | Agent Representative | | | | |
| Name of Employer | Blue Cross Blue Shield | | | | |
| How long employed | 23 Years | | | | |
| Address of Employer | 5901 Chapel Hill Road Durham, NC 27707 | | | | |
| | or projected monthly income at time case filed) | • | DEBTOR | | SPOUSE |
| 1. Monthly gross wages, salary, ar | nd commissions (Prorate if not paid monthly) | \$ | 3,666.05 | \$ | N/A |
| 2. Estimate monthly overtime | | \$ _ | 0.00 | \$ | N/A |
| 3. SUBTOTAL | | \$_ | 3,666.05 | \$ | N/A |
| 4. LESS PAYROLL DEDUCTION | | | | | |
| a. Payroll taxes and social se | ecurity | \$_ | 862.23 | \$ | N/A |
| b. Insurance | | \$ _ | 153.57 | \$ | N/A |
| c. Union dues | 1/k) L oon | , | 79.26 | \$ | N/A N/A |
| | 1(k) Loan 1(k) Contribution | \$ | 36.29 | \$ | N/A N/A |
| 5. SUBTOTAL OF PAYROLL D | EDUCTIONS | \$_ | 1,131.35 | \$ | N/A |
| 6. TOTAL NET MONTHLY TAK | KE HOME PAY | \$_ | 2,534.70 | \$ | N/A |
| 7. Regular income from operation | of business or profession or farm (Attach detailed state | ement) \$ | 0.00 | \$ | N/A |
| 8. Income from real property | | \$ | 0.00 | \$ | N/A |
| 9. Interest and dividends | | \$ | 0.00 | \$ | N/A |
| dependents listed above | port payments payable to the debtor for the debtor's use | or that of \$ | 0.00 | \$ | N/A |
| 11. Social security or government | assistance | ¢ | 0.00 | ď | NI/A |
| (Specify): | | | 0.00 | , — | N/A N/A |
| 12. Pension or retirement income | | • - | 0.00 | φ — | N/A |
| 13. Other monthly income | | Φ_ | 0.00 | φ | IN/A |
| (Specify): | | \$ | 0.00 | \$ | N/A |
| | | \$ | 0.00 | \$ | N/A |
| 14. SUBTOTAL OF LINES 7 TH | ROUGH 13 | \$_ | 0.00 | \$ | N/A |
| 15. AVERAGE MONTHLY INCO | OME (Add amounts shown on lines 6 and 14) | \$_ | 2,534.70 | \$ | N/A |
| 16. COMBINED AVERAGE MO | NTHLY INCOME: (Combine column totals from line | 15) | \$ | 2,534. | 70 |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None Anticipated**

| B6J (Official Form | (6 J) | (12/07) |
|---------------------------|---------------|---------|
|---------------------------|---------------|---------|

In re Mary W. Downing

Debtor(s)

09-81167

Case No.

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Con expenditures labeled "Spouse." | nplete a separate | schedule of |
|--|-------------------|-------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 0.00 |
| a. Are real estate taxes included? Yes No _X | | |
| b. Is property insurance included? Yes No _X | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 150.00 |
| b. Water and sewer | \$ | 48.00 |
| c. Telephone | \$ | 0.00 |
| d. Other See Detailed Expense Attachment | \$ | 178.70 |
| 3. Home maintenance (repairs and upkeep) | \$ | 50.00 |
| 4. Food | \$ | 162.00 |
| 5. Clothing | \$ | 60.00 |
| 6. Laundry and dry cleaning | \$ | 0.00 |
| 7. Medical and dental expenses | \$ | 60.00 |
| 8. Transportation (not including car payments) | \$ | 200.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 0.00 |
| 10. Charitable contributions | \$ | 100.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | 82.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 0.00 |
| d. Auto | \$ | 125.00 |
| e. Other | \$ | 0.00 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) See Detailed Expense Attachment | \$ | 20.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the | | |
| plan) | | |
| a. Auto | \$ | 0.00 |
| b. Other | \$ | 0.00 |
| c. Other | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other See Detailed Expense Attachment | \$ | 1,299.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules an if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | nd, \$ | 2,534.70 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year | | |
| | | |
| following the filing of this document: None Anticipated | | |
| | | |
| 20. STATEMENT OF MONTHLY NET INCOME | Ф | 2 524 72 |
| a. Average monthly income from Line 15 of Schedule I | \$ | 2,534.70 |
| b. Average monthly expenses from Line 18 above | \$ | 2,534.70 |
| c. Monthly net income (a. minus b.) | 35 | 0.00 |

In re **Mary W. Downing**

Debtor(s)

Case No. **09-81167**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED Detailed Expense Attachment

| Other Utility Expenditures: | | |
|----------------------------------|----------|--------|
| Cellular Phone | \$ | 69.00 |
| Cable | <u> </u> | 74.70 |
| Internet | \$ | 35.00 |
| Total Other Utility Expenditures | \$ | 178.70 |
| | | |
| Specific Tax Expenditures: | | |
| Personal Property Taxes | \$ | 10.00 |
| Real Property Taxes | <u> </u> | 10.00 |
| noun reporty runes | | |

| Other Expenditures: | |
|----------------------------|----------------|
| Emergencies/Miscellaneous | \$ 100.00 |
| Personal Care | \$ 71.00 |
| Monthly Chapter 13 Payment | \$ 1,128.00 |
| Total Other Expenditures | \$ 1,299.00 |

| | CH. 13 PLAN - DEBTS SHEET (MIDDLE DISTRICT - STEP PLAN) | | Lastna | Date: 9/2/11 Lastname-SS#: downin | | g-9740 MTM #2 | | |
|--|--|------------|----------------------|-----------------------------------|--|--------------------|---------------------------|--|
| RETAIN COLLATERAL & PAY DIRECT OUTSIDE PLAN | | | SURRENDER COLLATERAL | | | | | |
| | Creditor Name | Sch D # | Description of C | | Creditor Name | | Description of Collateral | |
| | | " | | | National Capit | tal | | 2005 Toyota |
| Retain | | | | | | | | |
| Re | | | | | | | | |
| | | | | | _ | | | |
| | | | | | | | | |
| | ARREARAGE CLAIMS ON RETA | | | | REJEC | TED EXE | CUTORY (| CONTRACTS/LEASES |
| | Creditor Name | Sch D # | Arrearage Amount | | Cred | litor Name | : | Description of Collateral |
| | | | | | | | | |
| | | | | | _ | | | |
| Retain | | | | | _ | | | |
| Ā | | | | | | | | |
| | Beneficial | | \$2,943 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | LTD - DOT on PRINCIPAL RESID | | | | A 3 4 | 3.6 | | |
| | Creditor Name | Sch D # | Mortgage Payment | Int. Rate | Adequate Protection | | nimum Payment | Description of Collateral |
| Retain | Beneficial | | \$901 | n/a | n/a | \$ | 901 | Residence |
| R | | | | n/a | n/a | | | |
| | | | | n/a | n/a | | | |
| | STD - SECURED DEBTS (Retain C | ollateral | & Pay FMV Of Colla | teral) | | | | |
| | Creditor Name | Sch D # | FMV | Int. Rate | Adequate Protection | | nimum Payment | Description of Collateral |
| i. | | - " | | 7.00 | 11000000 | zquu | 1 ujiien | |
| Retain | | | | 7.00 | | | | |
| | | | | 7.00 | | | | |
| | COD CECUDED DEBUG 8 010 CI | A DMC /E | 1000/ | 7.00 | | | | |
| | STD - SECURED DEBTS & 910 CI | Sch D | ay 100%) Payoff | | Adequate | Mir | nimum | |
| | Creditor Name | # | Amount | Int. Rate | Protection | Equal | Payment | Description of Collateral |
| .EI | Citifinancial | | \$2,618 | 5.25 | \$26 | : | \$75 | 2000 Chrysler |
| Retain | | | | 7.00 | | | | |
| | | | | 7.00 | | | | |
| | | | | 7.00 | | | | |
| AT | TORNEY FEES (Unpaid Part) | | Amount | | DRABAG | ED CL | | 12 DL AN |
| La | w Offices of John T. Orcutt, P.C. | | \$250 | <u> </u> | PROPUS | ED CF | IAPIER | R 13 PLAN |
| SEC | CURED TAXES | | Secured Amount | ø | 1120 | / 4l- | 6 20 | 4b 4b |
| | S Tax Liens | | | \$ | 1128 | /month | for 38 | months, then |
| | eal Property Taxes on Retained Realty | | | | | | | , |
| | SECURED PRIORITY DEBTS S Taxes | | Amount | \$ | N/A | /month | for N/A | months.** |
| | ate Taxes | | | | | | | |
| | rsonal Property Taxes | | \$74 | Definitions | | | | |
| Alimony or Child Support Arrearage | | | Sch D # = | The number of the se | ecued debt | as listed on S | Schedule D. | |
| COSIGN PROTECT (Pay 100%) Int.% Payoff Amount Adequate Protection = Required monthly 'Adequate Protection's Required monthly ' | | | | | 'Adequate Pro | otection' payment. | | |
| * = Minimum of DMI x ACP, minus all co-sign protect debt. | | | | | | | | |
| GENERAL NON-PRIORITY UNSECURED Amount to Pay* ** = Plan duration is subjective. | | | | | | • | • | |
| | DMI = None(\$0) | | | | n protect on all debts _Step (rev. 11/6/07) | | | chedules D, E and F Orcutt (Page 4 of 4) |
| Oth | er Miscellaneous Provisions | | | I mai_iviD | _Step (16v. 11/0/07) | Э соругія | oy John 1 | (1 age 7 01 4) |
| | | | | | | | | |
| | | | | | | | | |